

OMBUDSMAN PROGRAM ACTIVITY WORKSHEET

Case Number (if relevant): _____

Date: _____ Completed by: _____

Facility: _____

Facility Contact: _____

Time Spent: _____ Travel Time: _____

Number in Attendance: _____

Activity Type:

<input type="checkbox"/>	Community Education	<input type="checkbox"/>	Technical assistance for local ombudsman and/or volunteer
<input type="checkbox"/>	Consultations to facilities/providers	<input type="checkbox"/>	Training for ombudsman/volunteer
<input type="checkbox"/>	Information & consultation to individuals	<input type="checkbox"/>	Training given for facility staff
<input type="checkbox"/>	Monitoring/work on laws, regulations	<input type="checkbox"/>	Work with media (interview or discussion)
<input type="checkbox"/>	Participation in facility surveys	<input type="checkbox"/>	Work with media (press release)
<input type="checkbox"/>	Resident visitation (complaint related)	<input type="checkbox"/>	Work with family council
<input type="checkbox"/>	Resident visitation (non-complaint related)	<input type="checkbox"/>	Work with resident council
<input type="checkbox"/>	Recertification Hours	<input type="checkbox"/>	

Training Topics (check as many that apply):

<input type="checkbox"/>	Adult Protection	<input type="checkbox"/>	Legal
<input type="checkbox"/>	Advance Directives	<input type="checkbox"/>	Long Term Care
<input type="checkbox"/>	Aging	<input type="checkbox"/>	Medicaid
<input type="checkbox"/>	Behaviors	<input type="checkbox"/>	Medicare
<input type="checkbox"/>	Certified Training	<input type="checkbox"/>	Non-Certified Training
<input type="checkbox"/>	Choice Options	<input type="checkbox"/>	Ombudsman Services
<input type="checkbox"/>	Communications	<input type="checkbox"/>	Other
<input type="checkbox"/>	Community Services	<input type="checkbox"/>	Physicians
<input type="checkbox"/>	Complaint Process	<input type="checkbox"/>	Regulations
<input type="checkbox"/>	Developmentally Disabled	<input type="checkbox"/>	Resident Rights
<input type="checkbox"/>	Elderly Abuse	<input type="checkbox"/>	Restraints
<input type="checkbox"/>	Family	<input type="checkbox"/>	Round Table
<input type="checkbox"/>		<input type="checkbox"/>	Survey

Activity Comments:
